

NAVSTASMOOTHSAILINGINST 1754.1D

Subj: FAMILY CHILD CARE (FCC)

Ref: (a) OPNAVINST 1700.9D, "Child Development Programs"
(b) NAVBASEANYWHEREINST 11101.6B, "Command Management of Family Housing Areas"

Encl: (1) Naval Station Smooth Sailing, Family Child Care Standards and Procedures

1. Purpose. To ensure minimum standards for the care and protection of children away from their homes, to encourage and assist Family Child Care (FCC) providers, and to work for the development of additional services for the family. Commanding Officer, Naval Station, Smooth Sailing has authority for management of the FCC Program. Enclosure (1) sets forth procedures for child care provided by private individuals in their on-base or off-base family housing units in accordance with reference (a).

2. Cancellation. NAVSTASMOOTHSAILINGINST 1754.1C

3. Discussion. Recognizing the significance of quality child development programs (CDPs) to military and civilian personnel, it is the Navy's intent to assist in providing child care services to support operational readiness, mission accomplishment and retention. Family Child Care (FCC) is an alternative to Navy Child Development Centers (CDCs). FCC is a supplement to, not a substitute for, the family which is the primary agent for care and development of the child. It is the responsibility of parents to plan for child care and make child care arrangements that meet work schedules. FCC provides a quality child care option for children ages six weeks to 12 years of age and can help meet unique child care needs (e.g., shift work, watchstanders).

4. Policy. It is the Navy's policy to provide CDPs which assist military and civilian employees in contributing to mission accomplishment. In this regard, enclosure (1) and the following policies apply:

- a. Child care is the personal responsibility of parents.
- b. Child care is not a right or entitlement, but a service that can be provided to a finite portion of the population in order to promote operational readiness, mission accomplishment, and retention.

5. Scope. FCC is defined as care provided by private individuals in their government (owned or leased) family housing unit. FCC certification is a privilege extended by the

Commanding Officer to those individuals meeting all requirements for background screenings, training, inspections, and insurance.

a. Care is on a regular basis, full-time or part-time, for more than 10 hours a week.

b. The maximum number of children shall be limited to six, including the provider's own who are under 8 years old.

c. Not included is occasional baby-sitting, babysitting, co-ops, etc.

d. Not included is care provided by an individual in the child's own home (e.g., nanny). This individual may not bring her own children when providing care in the child's own home.

e. FCC is not intended to be 24-hour foster care on a regular basis.

f. Individuals caring only for relatives are not required to be certified. For the purpose of this instruction, relatives are defined as grandchildren, sisters, brothers, nieces, and nephews. Care of unrelated children on a regular basis is subject to certification.

6. Objectives. The FCC Program was established to:

a. Enhance and expand the child care services available to Navy families. Increase the capacity and responsiveness of child care resources so all parents requiring full-time or intermittent care for their child will be able to obtain high quality care.

b. Identify, use and support FCC providers who can provide a variety of child care services to meet the many needs of children of military families.

c. Safeguard the health, welfare and safety of children in FCC.

d. Ensure FCC providers meet the minimum training and certification requirements for the sanctioned provision of service.

e. Provide the Family Advocacy Case Management Team (FACMT) with the capability of providing part-time child care services as part of the overall case management and treatment plan.

7. Funding. FCC will be funded with appropriated funds (APFs) and related FCC generated revenue (e.g., food subsidy).

a. APF shall be used for appropriated fund (APF) support

shall be used for the following:

- 1) Operational oversight provided by the FCC director, monitors, and administrative staff (e.g., salaries, printing costs, reimbursement of travel expenses incurred using private vehicles for performing government functions).

- 2) FCC director/monitor training, travel, and per diem.

- 3) Provider training (e.g., CPR and first aid, orientation, monthly training, training resources).

- 4) Start up kits (e.g., electrical outlet caps, cabinet safety locks, first aid kits, required forms, handbooks).

- 5) Lending library equipment and materials (e.g., cribs, high chairs, fire extinguishers, books, puzzles, crayons, blocks).

- 6) Miscellaneous expenses (e.g., National Agency Checks, seminars, workshops, guest speakers).

b. If available, APFs may be used to provide direct cash payments to providers to increase availability of care and provide FCC at a cost comparable to services by military child development centers.

- 1) When direct cash payments are provided, fees shall be regulated by the commanding officer.

- 2) Positive controls and measures to ensure program consistency shall be established by the commanding officer to manage and account for the APF resources.

8. Action. All personnel providing child care in government quarters in excess of 10 child care hours per week must be trained and certified as FCC providers. Reference (b) contains procedures for handling reports of unauthorized care including the possible loss of housing privileges. Exceptions apply as described in paragraph 5 above. Applicant packets and insurance forms are available from the Family Child Care office.

a. To prevent unauthorized care, Commanding Officer shall ensure all child care providers living in government housing, owned or leased, are certified and monitored as required.

b. Upon assurance by the FCC Director and/or FCC Quality Review Board that all requirements have been satisfactorily met, Commanding Officer shall grant certification to operate a FCC home.

c. Commanding Officer shall submit required semi-annual reports to BUPERS (Pers-659).

9. Eligibility of Children.

a. The status of the sponsor determines eligibility of child(ren) to enroll in the Navy FCC Program. The Child Care Resource and Referral Specialist (CCRR) will maintain a list of certified providers and refer eligible patrons to homes with child openings. Eligible patrons include:

- (1) Military personnel
- (2) DOD civilian personnel
- (3) DOD contractors
- (4) Reservists on active duty status
- (5) Retirees

10. Respite Care.

a. Family Advocacy Representative (FAR) authorizes respite care for client families to be provided by FCC certified providers. All FCC program rules and regulations apply to respite care.

b. The FAR will notify the FCC program of the need for care, names and ages of children, dates, times, and duration of required care.

c. The FCC Director will advise the FAR of an available provider and his or her telephone number and address. The FAR will notify the client who will contact the FCC provider to make arrangements.

11. Inspections. A local command multi-disciplinary team shall conduct an annual inspection by reviewing all FCC policies,

recruitment, training, monitoring, and procedures to ensure compliance with this instruction and standard operating procedures.

a. As part of this inspection, unannounced home visits to 10 percent of the certified homes will be conducted to ensure local monitoring procedures verify compliance with this instruction. These homes shall be randomly selected.

b. Commanding Officer shall ensure prompt, appropriate action is taken to correct deficiencies, request waivers or close facilities as required. Provide confirmation of compliance with standards established in enclosure (1) to BUPERS (Pers-65) through the chain of command.

c. Commanding Officer shall ensure cooperation with Pers-65 staff during the annual unannounced child development program inspection. Develop a plan of action at the conclusion of each annual Pers-65 inspection which properly addresses all deficiencies. Forward notification of corrected deficiencies to Pers-65 via the chain of command within 90 days of inspection.

12. Parent Advisory Board (PAB). The Navy recognizes that parents have primary responsibility for the health, safety, and well-being of their children. In an effort to facilitate a parent partnership for the welfare of the children, a Parent Advisory Board has been established composed of parents of children enrolled in FCC homes and child development centers.

a. The PAB chairman shall work with the FCC Director to establish a parent participation program as defined in reference (a). Procedures for the PAB are contained in enclosure (1). The PAB meets quarterly or more often if needed.

13. Child Abuse and Neglect. Child abuse/neglect cases are often identified in child development programs. The suspicion or identification of child maltreatment or abuse carries significant responsibilities for program personnel. Commanding Officer shall ensure a comprehensive and coordinated program to prevent child abuse and promote early identification and intervention in cases of alleged abuse.

a. Local reporting procedures have been established in accordance with reference (a) and are contained in enclosure (1).

b. The Department of Defense child abuse and safety

violations hotline number, 1-800-336-4592 shall be posted in all FCC homes. The purpose of the hotline is to provide an opportunity for parents to report suspected child abuse/neglect or fire, health, or safety violations in FCC when the chain of command is unresponsive to identified concerns.

14. Quality Review Board (QRB). A QRB has been established as outlined in enclosure (1), to provide recommendations for denial of initial applications, approval of annual recertification or revocation of certification.

a. Commanding Officer shall afford the FCC applicant or provider a right of appeal in matters involving denial, suspension, and/or revocation.

15. FCC Staff. In view of the scope of responsibility involved, the FCC staff shall be trained in child development, social work, or a related field. The FCC Director is responsible for recruiting, training, monitoring, budgeting and all other aspects of this program in accordance with reference (a).

a. The Child Development Program Administrator shall have direct oversight and verify that FCC staff operate the program in compliance with reference (a). The CDPA shall be consulted in all matters pertaining to the FCC program.

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FAMILY CHILD CARE
STANDARDS AND PROCEDURES

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Attachments:

- (1) Navy Family Child Care Health Checklist
- (2) Federal Fire Department/Safety Checklist
- (3) Navy Family Child Care Program Checklist
- (4) Child Abuse Report Format

SECTION 1.0 ADMINISTRATION

1.1 Unauthorized Care.

a. FCC office will maintain a log of all reports concerning unauthorized child care.

b. FCC staff members will investigate allegations of unauthorized child care no later than one working day following notification. Guidance and procedures outlined in NAVBASEANYWHEREINST 11101.6B CH-1, "COMMAND MANAGEMENT OF FAMILY HOUSING AREAS" shall be followed.

c. Recruit residents providing unauthorized care to attend training classes and complete all certification requirements.

d. Provide monthly and quarterly reports to NAVSTA Pearl Harbor on unauthorized care.

1.2 Publicity and Recruitment.

a. Maintain a current list of FCC providers at FSC, CDC's and FCC offices.

b. FCC staff will give informational briefings (including viewing of the marketing video "FCC: A Choice For Quality" at command meetings (e.g., FSC indoc, Ombudsman training, Community Centers).

c. FCC staff will ensure ample supplies of informational brochures are placed where housing residents will see them (e.g., CDCs, HRO, Housing Offices, FSC, Clinic, Community Centers, Schools, NEX, MWR Facilities, Library).

d. FCC staff will submit articles for publication (e.g., base paper).

1.3 Child Care Resource and Referral (CCRR).

a. Provides a free convenient one stop shopping service for child care needs by calling ###-####.

b. Provides referrals to FCC providers and Navy CDCs.

c. Provides consultations in identifying child care needs, choosing quality child care, evaluating options (both civilian and military) and child care subsidy programs.

d. CCRR advises NAVSTA Smooth Sailing CDPA in the area of child care program development and referrals for military, DoD civilians and retired military personnel.

e. Manages a consolidated waiting list for the region.

f. FCC staff provide a current list of FCC providers to CCRR biweekly.

1.4 Child Development Program Administrator shall:

a. Attend FCC staff meetings to provide technical assistance to ensure compliance with Navy FCC standards.

b. Attend QRB meetings monthly.

c. Assist FCC staff with follow through on child abuse/neglect.

d. Visit FCC homes for quality control.

e. Participate in multi-disciplinary team inspection.

1.5 Family Child Care Director shall:

a. Be responsible for overall coordination of the FCC Program and ensure that FCC operates in accordance with OPNAVINST 1700.9D and NAVSTASMOOTHSAILINGINST.

b. Ensure all background checks are completed in accordance with OPNAVINST 1700.9D.

c. Ensure monthly visits are unannounced and documented.

d. Maintain all required records to complete monthly, quarterly and semi-annual reports.

e. Attend FCC Quality Review Board meetings to nominate applicants who successfully meet the prerequisites for annual certification and inform the FCC Quality Review Board when standards are not met.

f. Follow procedures specified in Section 1.1 concerning reports of unauthorized child care in Navy housing areas.

g. Visit 10% of each FCC monitors' caseload monthly.

h. Ensure all FCC providers participate in Navy FCC Provider's Training Program.

i. Establish a Parent Advisory Board (PAB) as outlined in Section 9.0.

j. Ensure FCC providers enroll in and comply with all requirements of USDA Child and Adult Care Food Program.

k. Coordinate the command multi-disciplinary team inspection and ensure team members review all FCC policies, recruitment, training, monitoring and procedures to ensure compliance with this instruction.

Ensure team members conduct unannounced home visits to 10 percent of the certified homes to ensure compliance with OPNAVINST 1700.9D and local procedures.

1.6 FCC Monitor shall:

a. Maintain a caseload of no more than 40 homes (certified and/or in process).

b. Ensure that FCC providers are informed of the recertification requirements as specified in OPNAVINST 1700.9D and this SOP.

c. Ensure that FCC Director is kept informed about all aspects of each FCC home.

f. Provide support and training for FCC providers:

(1) Make program resources available.

(2) Participate in planning and implementation of Provider Night and the certification training for providers.

(3) Facilitate Navy FCC Provider's Training Program.

1.8 Respite Care Program.

a. Provider must be a certified FCC provider.

(1) Obtain medical records with updated information.

(2) Have parents sign the "Sign In/Sign Out" sheet whenever the child is taken into the FCC home.

(3) Submit the completed sign in/sign out log to the FCC office at the end of each month.

(4) Notify FCC office if clients do not bring children for care as planned (24 hours notice required).

b. FCC staff shall follow respite referral procedures:

(1) Family Advocacy will call FCC office with the following information:

- A. Client's Name
- B. Children's names and ages
- C. Days respite care is needed
- D. Duration of care

(2) FCC staff will take information and contact a FCC provider. When arrangements for care have been made, the FCC staff will call referring Family Advocacy with a confirmation of respite care needed. Family Advocacy will deal directly with the client.

(3) FSC will pay the providers directly. Client hours are limited by Family Advocacy's authorization. Each case is reviewed on a case by case basis and the hours are determined by Family Advocacy.

(4) All clients must provide a Medical Power of Attorney and updated shot records to the person providing respite care.

(5) Children serviced will be determined by Family Advocacy, but shall be between 6 weeks and 14 years old.

(6) FCC staff will keep a log of respite care used.

(7) FCC staff will pay respite care providers in a timely manner.

(8) Providers will be reimbursed at a rate of \$2.00 per hour.

(9) The provider must notify FCC office if clients do not bring children for care as planned. The provider will be paid if the client does not give 24 hours notice of cancellation.

SECTION 2.0 CERTIFICATION PROCESS

2.1 Application Process.

a. Applicants must complete an application packet, including three personal references and background check request forms.

b. Applicants must meet the following minimum certification requirements and responsibilities:

- (1) Be at least 18 years old
- (2) Have the ability to speak, read, and write English
- (3) Be physically and mentally capable of caring for children
- (4) Be a responsible, emotionally stable person capable of exercising good judgment in caring for children
- (5) Be free of communicable diseases
- (6) Be a military family member
- (7) Be an authorized resident in Navy quarters
- (8) Be able and willing to undergo prescribed training
- (9) Complete required FCC certification training.
- (10) Maintain current First Aid and CPR certification.
- (11) Maintain current insurance for child care coverage.
- (12) Have a working telephone.
- (13) Have a first aid kit, fire extinguisher and flashlight for emergencies.
- (14) Arrange for an approved substitute provider (18 years or older, military family member, living in government housing) to be available to provide back-up support during emergencies or to provide substitute care during vacation or illness.
- (15) Maintain documentation that personal auto insurance covers transportation of child care children.

c. Have a current medical clearance to include tuberculosis (TB) test, rubella screening, and any other test/immunization deemed necessary by Preventive Medicine, prior to receiving approval to operate an FCC home, and have annual medical clearances thereafter.

d. Make known to FCC Program any medical problems that may interfere with his or her ability to provide child care. The FCC provider may be requested to supply a statement from physician as to his or her ability to provide child care.

e. All members of the FCC provider's family, or any person, residing at the residence shall have required immunizations and TB test.

2.1.1 Housing Office shall:

a. Verify the assignment of the quarters.

b. Screen housing records of provider applicants for incidents which may reflect on the suitability of the applicant or a household member.

c. Recommend approval/disapproval of applicants based upon screening.

d. Inform occupants that FCC will be allowed in compliance with this local instruction.

e. Provide FCC program information when residents check in at the Housing Office.

f. Support the FCC Director with consultation, resources and technical assistance relating to housing in military quarters.

g. Recommend eviction to the Commanding Officer for those occupants of government housing who continuously or repeatedly conduct unauthorized child care services in their homes.

2.1.2 Family Interview. Prospective FCC applicants shall participate in an in-home family interview with FCC staff to determine suitability and appropriateness to work with children.

2.1.3 Background Screenings. All applicants will sign the Statement of Admission verifying there has not been conviction of, or admission

to, or evidence of, an act of child battery, child abuse, child molestation, child neglect or use of illegal drugs by any person operating as an FCC provider or residing in the FCC home. By signing the statement of admission and completing the release of information form, all FCC applicants and their sponsor authorize the FCC Program to conduct background checks to the following agencies:

a. Family Advocacy Representative (FAR) shall:

(1) Review available medical, mental health, and family advocacy records of FCC providers and household members for previous history of domestic violence and/or neglect which would reflect upon the suitability of applicant or a household member.

(2) Serve as the point of contact for the FCC Director reporting allegations of child abuse/neglect and follow proper reporting procedures.

(3) Recommend approval/disapproval of applicants based on screening.

b. Counseling and Assistance Center (CAAC) shall:

(1) Review records for any reports of drugs or alcohol abuse by FCC provider or household members, or incidents which may reflect on the suitability of the applicant or household member.

(2) Recommend approval/disapproval of applicants based on screening.

c. Family Service Center (FSC) shall:

(1) Support the FCC Director with consultations, resources and technical assistance relating to family services.

(2) Serve as a point of contact for training resource and referral.

(3) Review records for any reports of incidents which may reflect on the suitability of the applicant or household member.

d. Security Department shall:

(1) Conduct initial and annual record checks of all FCC provider applicants and household members for documentation of any criminal report of any condition(s) which would reflect on the

suitability of the applicant or a household member.

(2) Serve as a point of contact for the FCC Director with consultations, training resources and technical assistance relating to Security checks.

(3) Recommend approval/disapproval of applicants based upon record check.

e. Bureau of Medicine and Surgery (BUMED).

(1) FCC Director shall access the Central Registry for screening initial and annual record checks of all FCC provider applicants and household members for documentation of any past or current indication of family violence or child abuse. The FCC Quality Review Board Family Advocacy Representative (FAR) will investigate any findings and make a recommendation to FCC Quality Review Board concerning certification.

f. Division Officer.

(1) FCC Director shall request the sponsors' Division Officer conduct initial and annual background checks on each applicant or spouse (active duty member) for documentation of any incident which would reflect upon the suitability of the applicant or spouse to adequately care for children.

g. National Agency Questionnaire (NAQ). Each applicant shall complete the applicable forms to initiate a national crime check. If unfavorable results are received from the National Agency Check, the QRB will make a determination of suitability to continue caring for children.

2.1.4 Initial Certification Training. Prior to providing care each applicant shall receive a minimum of 20 hours initial training (to be accomplished within 6 weeks of applying). This training is held the second week of each month and includes:

(1) Orientation of FCC program and standard operating procedures.

(2) Fire Prevention and Safety

(3) Business practices, working with parents and

professionalism.

(4) FAR will conduct training using the Department of Defense FCC Training module "Child Abuse: Identifying and Reporting". FCC Staff will conduct training using the Department of Defense FCC Training module "Child Abuse: Prevention" including development of a discipline/touch policy to be posted in the home.

(5) Positive guidance techniques.

(6) Basic First Aid.

(7) Cardiopulmonary Resuscitation (CPR) for infants and children (CPR training for adults is also recommended) and first aid for choking.

(8) Preventive Medicine will train FCC providers on personal hygiene, handwashing and diapering procedures, food sanitation, communicable diseases, hygiene practice, administration of medication, and documentation of medications administered. Preventive Medicine will provide training using the BUPERS-659 program aide "Healthy Kids Keep Everybody Healthy".

(9) United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) requirements for meal patterns. Nutrition and meal service requirements including BUPERS-659 program aide and video "Family Style Meal Service".

(10) Child growth and development.

(11) Developmentally appropriate practices including the video "Caring and Learning; the Creative Curriculum for Family Child Care". BUPERS-659 program aides "Transition Times" and "Field Trips" will be incorporated into the training.

(12) Family Day Care Rating Scale (FDCRS) and video workbook.

(13) Introduction to and use of the Navy FCC Providers' Training Program. Providers shall complete #1 Safe and #2 Healthy within the first three months of certification.

2.1.5 Preventive Medicine shall:

a. Conduct initial and annual inspections the third week of each month using attachment (1) of all applicants homes, noting any discrepancies, and issuing recommendations for corrective action.

b. Recommend approval/disapproval of applicants based on inspection.

c. Serve as a point of contact for provider's health and immunization checks.

d. Serve as a point of contact regarding the length of time FCC homes must be closed as a result of inspections or communicable disease.

e. Support the FCC Director with consultations, resources, and technical assistance.

f. Conduct other inspections and visits as requested by the FCC Director or CDPA.

2.1.6 Federal Fire Department shall:

a. Conduct initial/annual inspections of all applicant homes the third week of each month using attachment (2), noting any discrepancies, and issuing recommendations for corrective action.

b. Provide fire and safety training for FCC providers.

c. Recommend approval/disapproval of applicants based upon required inspections.

d. Conduct other inspections and visits as requested by the FCC Director or CDPA.

e. Serve as a point of contact regarding the length of time FCC homes must be closed as a result of inspections.

f. Support the FCC Director with consultations, resources, and technical assistance relating to fire prevention and safety.

2.1.7 Certificate. The FCC Director will forward the FCC application to the Commanding Officer, which shows approval from all agencies and completion of all requirements, along with the FCC certificate for signature. Providers shall post the FCC certificate in the home where it is visible to parents.

a. Providers shall place the Navy "Certified Provider" window emblem where it is visible from the street.

2.1.8 Liability Insurance. FCC providers are required to maintain personal liability insurance to protect themselves and the Navy against potential liability claims for negligence that might arise from their operations.

a. Liability insurance is required because FCC providers are independent private contractors and not employees of the U.S. Government.

b. Providers shall be advised in writing that they may be held personally liable for negligent damage claims and/or awards for damages that exceed insurance policy limits and from their acts and omissions that are specifically excluded by their liability insurance coverage.

c. Providers shall pay liability insurance through the FCC Office with completed application to AVEX International or Morgan and Associates or to an insurance company preferred by the FCC provider, provided the liability insurance coverage is equivalent or exceeds the following limits:

(1) Currently, the minimum limit of general liability insurance required, (which includes products and completed operations, personal and professional liability loss exposures) is \$500,000 for each claim, and policy aggregate.

(2) Fire liability for the damage to non-owned property, which is in the provider's care, custody and control must be insured for a minimum of \$500,000 per claim, and policy aggregate.

(3) Sexual abuse and molestation liability coverage must be for a minimum of \$100,000 for each claim, and policy aggregate.

d. Substitute providers will be covered under the provider's policy or obtain their own insurance with the above coverage.

e. FCC providers must purchase insurance coverage upon certification by the FCC program before caring for children.

f. Actual claims related to the FCC program, as well as accidents and incidents that may potentially give rise to future claims, shall be reported immediately in writing to BUPERS (Pers-659), and to the insurance agent that has brokered the individual FCC provider's policy using the appropriate loss reporting procedures.

g. Liability coverage only extends to child care provided in owned or leased government housing to family members of service members and DOD civilian employees.

h. Providers shall acknowledge in writing their responsibility for property damage to family quarters determined to be beyond normal "wear and tear."

i. Providers who transport children in their privately owned vehicles shall provide the FCC office with a copy of their automobile liability coverage.

2.1.9 Maintaining Certification.

a. Monthly Home Visits. Providers must comply with all requirements of the Navy FCC program. Each home will be visited at a minimum once a month unannounced by FCC staff members.

(1) The purpose of the visits will be to: verify compliance, support providers through assistance and information, and to assess the providers' ability to work with the children. Discrepancies must be corrected within the designated time frame noted on the home visit record.

(2) Home visits may be more frequent if there are incidents of non-compliance (e.g., complaints).

(3) The FCC staff will be allowed in rooms used by children. Rooms not used for child care that are left unlocked or accessible to children will be inspected for fire, safety, and health hazards.

(4) An unannounced fire drill will be conducted by the FCC staff or fire department at least once per year.

b. Family Day Care Rating Scale (FDCRS). The FCC provider shall complete the FDCRS with the assistance of the FCC staff to assess the quality of the care in the FCC home within the first three months of certification. Providers shall achieve a minimum score of "5" on all items to maintain certification.

c. Navy FCC Provider's Training Program. FCC providers shall participate in and complete the Navy FCC Providers' Training Program within 24 months. The FCC Provider's training program is a set of thirteen self-paced modules based on the thirteen competency areas of

the nationally recognized Child Development Associate credential. Providers shall complete Module #1 "Safe", Module #2 "Healthy", Module #3 "Learning Environment", and Module #10 Guidance" within the first six months of certification. Providers must then complete at least two additional modules prior to annual recertification. The remaining nine modules must be completed during the second year of certification. FCC staff will assist providers with completion of the modules during home visits and Provider Nights. Commanding Officer will issue a certificate of completion. Upon completion of the Navy FCC Provider's training program, FCC providers may choose to pursue the CDA credential.

d. Monthly Training. Well-trained providers are a key indicator of quality FCC care. The goal of on-going training is to increase the quality of care and promote professionalism among providers. Training requirements are meant to keep FCC Providers current on health, safety, child development, enriching the environment for children's growth and development, and other child care issues.

(1) FCC providers shall complete at least 2 hours of on-going training each month. Extra hours one month do not carry over to the next month. All training will be documented in the FCC providers file.

(2) FCC providers must attend at least one "Provider Night" per month unless absence is approved (e.g., attending college, enrolled in child care seminar) by the FCC Director in advance. FCC Director will also approve the providers choice of make-up training.

(3) An unapproved absence from Providers Night will result in being removed from the referral list. Two unapproved absences two months in a row will result in suspension.

(4) Providers are encouraged to accumulate more than two hours of training each month. The following training classes can be used for make-up training or extra training:

(a) Provider Nights sponsored by the Army, Air Force, Marine, and Coast Guard FCC programs.

(b) FSC or local licensing classes related to child care, family child care, or family growth.

(c) Community College, University, local military child care association training, state association for the education of

young children, state association for family child care.

(d) One training hour may be earned by successfully completing the competency assessment of each module completed.

(e) Readings or videos related to child care or FCC as a business, and approve by a FCC monitor.

(f) Workshops and conferences specifically related to early childhood.

(g) Observations in the child development center or another FCC home.

2.1.10 Annual Recertification. FCC providers shall:

a. Maintain up-to-date CPR and First Aid certification.

b. Complete Child Abuse/Neglect training.

c. Complete all local background checks.

d. Participate in Family Interview.

e. Successfully complete home inspections.

f. Renew medical screening.

g. Renew liability insurance.

h. Complete at least six FCC Navy Training Program modules (includes Child Abuse during initial certification, "Safe", "Healthy", "Learning Environment", and "Guidance" within the first six months of certification, and two additional modules during the second six months of certification).

2.1.11. After Certification.

a. The FCC Staff will maintain continuous communication with the CDPA, civilian community agencies involved with child care or involved with the children in FCC care, military components which support FCC and FCC applicants, certified providers and certified substitutes. FCC staff will be available for office and phone consultation with FCC Providers.

b. The center-based programs will be linked with the FCC

program to provide:

- (1) Joint caregiver and provider training.
- (2) FCC provider and child experiences within the center programs.

c. The FCC office will provide the following services to FCC providers:

- (1) Child care referrals.
- (2) A newsletter will be published monthly to the providers. The contents of the newsletter will be determined by the FCC Director. Contributions to the newsletter will be solicited by the FCC staff from FCC providers, trainers, and child care professionals.
- (3) Written and verbal communication.
- (4) Liability insurance information.
- (5) Lending library.
- (6) Guidance on child development programming, daily routines, fees and charges, parental involvement and communication, and maintenance of records.
- (7) Nutrition and meal service information.
- (8) Referrals to civilian and Navy support systems.
- (9) Back up provider information.

2.1.12 Family Child Care Quality Review Board (QRB). The QRB was established to provide recommendations for denial of initial applications, approval of initial certification, recertification, or revocation of FCC providers certification.

a. Consist of:

- (1) Command Master Chief (Chairperson)
- (2) CDPA
- (3) FCC Director

- (4) Family Advocacy Representative (FAR)
- (5) Representative from Counseling and Assistance Center
- (6) Representative from FSC
- (7) Representative from Navy Legal Office
- (8) Representative from Federal Fire Department
- (9) Representative from Preventive Medicine
- (10) Representative from Housing
- (11) Representative from Security

b. The QRB shall forward the FCC application for approval along with the certificate (when recommending annual certification) to the commanding officer or designee for signature.

c. When recommending disapproval, the QRB shall forward the FCC application along with the letter of denial or revocation (depending on if initial, suspended, or annual certification) to the commanding officer or designee for signature.

d. The QRB meets the fourth Monday of each month or more often if needed.

(1) The minutes of each meeting shall be forwarded to the commanding officer and a copy kept on file in the FCC Director's office.

(2) The QRB is also the mechanism for hearing appeals made by providers/applicants.

e. Decisions to deny/revoke/recertify must be unanimous.

f. All decisions of the QRB shall be given to the provider/applicant in writing (i.e., signed certificate, letter of denial, letter of revocation) by the Commanding Officer or designee.

g. FCC Director will provide a list of certified providers to members of the QRB and update the list monthly. The list will include FCC provider's housing area and sponsor's name, social security number and command. Members of the QRB will match the names

of providers against new cases or complaints as they occur and will notify the FCC office of any necessary action (e.g., suspension)

2.1.13 Complaints and Allegations Against FCC Providers.

a. All complaints and allegations against FCC providers received by the FCC office will be referred to the FCC Director. Complaints will be investigated within two working days.

b. The FCC Director will request in writing and/or interview the complaint and note specifics of the complaints or allegations by the record of documentation.

c. The FCC Director will take appropriate action to determine if complaints or allegations are true. Actions may include visits by the FCC Director, FCC Monitor, CDPA, or inspections by the health, safety, and fire personnel.

d. The FCC Director will inform the FCC provider of complaints and allegations made against them and allow the opportunity to answer complaints and allegations.

e. The FCC Director will notify the complainant of the findings and decisions.

g. If the complainant is not satisfied with the FCC Director's decision, the individual will be referred to the CDPA.

h. If a parent or provider has a complaint against the FCC Monitor they should contact the FCC Director who will provide appropriate resolution. The CDPA will also be notified.

i. If a parent or a provider has a complaint against the FCC Director they should contact the CDPA who will provide appropriate resolution.

j. If a complaint against a provider cannot be resolved, the QRB will meet to make a recommendation to the Commanding Officer.

2.1.14 Suspension of FCC Certification.

a. Certification may be suspended by the FCC staff and the FCC provider shall immediately terminate child care services until a further determination is made when, but not limited to:

- (1) Any allegation of abuse/neglect is made against a

provider until a full investigation is conducted.

(2) Preventive Medicine submits a report of an unsatisfactory inspection and recommends suspension.

(3) A valid and current medical clearance is not received by the FCC office within 30 days of the medical clearance expiration date.

(4) A valid and current CPR card is not received by the FCC office within 30 days of the CPR card expiration date.

(5) A valid and current First Aid card is not received by the FCC office within 30 days of the First Aid card expiration date.

(6) Repeated deficiencies are not corrected within the time frame specified on the monthly home visit summary.

(7) Liability insurance has expired.

(8) Corporal punishment is used.

(9) Any other situation which according to the FCC staff's discretion places the children's health, safety, or well being at substantial risk.

(10) Failure to meet requirements for annual recertification.

b. When a provider is suspended, the FCC staff will immediately notify the parents or guardians of each child in the provider's care and offer assistance in obtaining alternate child care.

c. A letter of suspension will be sent to the provider and the Family Housing Office within 24 hours.

d. If a provider conducts child care while provider privileges are suspended, the family may be evicted from military housing in accordance with procedures specified in BASEANYWHEREINST 11101.6B.

2.1.15 Revocation of FCC Certification.

a. FCC Certification will be revoked when:

(1) Family violence and/or child abuse/neglect is substantiated of the provider or a family member.

(2) A FCC provider fails to comply with the terms of suspension within 30 days from the date of suspension.

(3) Recommendation for revocation may be made by the QRB to Commanding Officer concerning any other situation existing which according to the QRB's discretion places the children's health, safety, or well being at substantial risk.

b. A copy of the revocation letter will be sent to the provider and the Family Housing Office within 24 hours.

c. If a provider conducts child care while provider privileges are revoked, the family may be evicted from military housing in accordance with procedures specified in NAVBASEANYWHEREINST 11101.6B.

2.1.16 Appeal.

a. Providers may appeal the following decisions of the QRB:

(1) Denial of certification

(2) Suspension of certification

(3) Revocation of certification

b. Appeal procedures must be initiated within 10 days from the date of official notification.

c. Appeals shall be directed in writing to the Commanding Officer via the QRB Chairman. The written request should include reasons for the appeal, any supporting documentation, and may include a request for a personal appearance before the QRB, if so desired.

d. The QRB will consider the appeal at the next scheduled meeting. The provider will be informed of the QRB's recommendation and additional appeal procedures (e.g., appearing in person at the next QRB meeting).

e. The QRB will forward their recommendation to the Commanding Officer who will provide a written decision to the provider. The decision of the Commanding Officer is final.

f. Failure to comply with the specific requirements of this section constitutes an absolute waiver of the right of appeal.

g. Suspensions cases must go before the QRB for Command

approval of reinstatement. Individuals applying for recertification under these circumstances, may have to meet additional requirements including but not limited to, completion of classes recommended by FAR, Family Service Center, CAAC, or other support agency, limiting the number of children in care, and/or more frequent home visits by FCC staff.

2.1.17 Inactive Status. FCC providers may temporarily end child care services for a maximum of three months without terminating certification. The following applies to an inactive Family Child Care provider:

- a. The FCC provider must notify the FCC office of the period of inactivity.

- b. Child care services may not be provided.

- c. Home visits will not be conducted.

- d. Monthly training is not required but is strongly recommended.

- e. Certification will be terminated if child care services do not resume within three months, and all requirements for recertification must be met before caring for children again.

2.1.18 Inspections. Initial and monthly unannounced inspections will be conducted by the FCC staff and other appropriate support personnel (Fire Department and Preventive Medicine).

- a. Results of inspections will be documented and maintained by the FCC program. Providers will receive summary reports of each inspection. Non-compliance with the provisions of this instruction is grounds for administrative action to be taken by the QRB.

- b. Unsatisfactory inspections by Preventive Medicine or Fire Department may result in denial of certification or immediate suspension of the FCC provider.

SECTION 3.0 PROVIDER/PARENT RESPONSIBILITIES

3.1 Capacity.

a. Multi-age FCC homes shall provide care for no more than six children at one time, including the provider's own children under the age of eight years.

b. In a multi-age group, no more than two children, under the age of 2 (whether they are the parent's or the provider's) may be cared for in one home.

c. School-age FCC homes shall provide care for no more than eight children at one time including the providers own. All children must be over 5 years of age including the provider's own.

d. Infant/Toddler homes shall provide care for no more than three children at one time including the providers own children. All children are under the age of two years and there may be no more than one infant under two months.

e. If caring for children with special needs, the capacity may not exceed three children, and the provider will follow applicable guidelines for special needs children delineated in SECTION 5 of this SOP.

3.2 Parent Information.

a. The provider shall have the following information posted for parents:

- (1) Valid FCC Certificate
- (2) Daily schedule/weekly activity plan
- (3) A weekly menu for meals and snacks
- (4) Emergency names and telephone numbers of parents
- (5) DoD Child Abuse/Safety Violations Hot Line Number
- (6) Touch/Discipline Policy
- (7) CPR and First Aid cards
- (8) Fire evacuation log
- (9) Sign-in/sign-out sheets

b. The provider shall have the following information on file in the FCC home:

- (1) Current liability insurance policy,
- (2) Current auto insurance policy

- (3) Medication log
- (4) Current family and pet immunizations
- (5) Copies of accident reports

3.3 Parents Utilizing a Family Child Care Provider shall:

- a. Acknowledge receipt of the Navy FCC Parent Handbook.
- b. Complete all forms required for FCC prior to receiving care.
Providers will not accept ANY child for care prior to receiving all required paperwork. The following shall be maintained in the FCC home in a file for each child:
 - (1) Navy CDS Registration Care with up-to-date immunizations
 - (2) Medical power of attorney with the substitute clause
 - (3) Parent/Provider Agreement (Contract)
 - (4) Developmental background form
 - (5) Family Care Plan (if single or dual active duty)
- c. Complete medication log prior to the child receiving a prescribed medication. In accordance with reference (a) over the counter medication may not be administered by FCC provider without a prescription.
- d. Sign in and out daily and be able to exchange information upon the child's arrival or departure with the FCC Provider. Only the parent/guardian or the individual authorized in writing by the parent/guardian may sign a child in or out of a provider's care. School age children may sign themselves in and out of care only if the provider is not claiming that child for a meal or snack.
- e. Unless prior arrangements have been made with the FCC Provider, only parents or the parent designee shown on the CDS Registration Card may take the child from the FCC home.
- f. Children may not be released to siblings or other children under the age of 12 years unless approved by the FCC office on a case by case basis.
- g. School-age children may not leave an FCC home without written permission from parent (e.g., if a child attends sports or scouts, the FCC Provider may accompany the child to the event).

h. Children unaccompanied to and from the bus stop will need a parent note releasing the FCC Provider from any responsibility until the child arrives at the designated provider's home.

i. No parent may be denied access to their child, including the right to pick up their child from the FCC home unless a copy of the custody agreement that relinquishes such parental rights is on file in the FCC Office and with the provider. A copy of the custody document identifies who actually has legal, physical custody of the child and documentary evidence is available so that the non-custodial parent may be denied access to the child. The non-custodial parent can take the child from the provider's home only with written permission from the custodial parent. If the non-custodial parent attempts to take the child without permission, the provider must contact the custodial parent and Security immediately. The provider cannot physically prevent the non-custodial parent from picking up the child.

j. Provide sufficient clothing to permit change when necessary and other supplies as agreed upon.

k. Notify provider when there are changes in:

(1) Attendance including absence, late/early arrival and or pick up.

(2) Address, phone numbers or where parent may be reached during the day.

(3) The person designated to pick up their children or change emergency contact person and their telephone number.

(4) Any changes anticipated in service needs.

(5) Any health concerns pertaining to their children including allergies, recent sickness, bumps and bruises or significant occurrences which may effect their child's behavior.

3.4 FCC Providers shall:

a. Not hold another job during child care hours.

b. Ensure parents are signing their children in and out on a daily basis.

c. Ensure that children are supervised at all times.

d. Release the child only to parents or to an authorized individual designated by a parent.

e. Obtain sponsor's written permission when transporting children by automobile or bus. Child safety seats shall be used when transporting children younger than five years.

f. Practice evacuating all children in care by conducting and documenting monthly fire drills.

g. Ensure the following information is available for parents and/or guardians in the form of a contract as required:

(1) The Navy will not be a party to any liability claims incurred by the FCC provider.

(2) Fees charged are a private matter between providers and parents. Fees should be agreed upon prior to any child care activity being initiated. Parents should agree and be provided a copy of fees in writing.

(3) Give at least two weeks written notice to parents before termination of service and/or changes in contract such as cost or hours. Notice must be signed by parents and provider with a copy of the notice going to parents.

h. Notify parents and FCC staff immediately when a child has a minor injury, is biting, has extreme/difficult behavior and/or unusual occurrences. An accident/incident report must be completed. A copy of the report shall be given to parent and a copy kept in the child's file. A copy must be submitted to the FCC office when an injury requires medical attention. The insurance company shall also be notified.

i. Notify parents when a child has been exposed to a communicable disease in the FCC home. Refer to Section 7.

j. Notify parents when a substitute provider is used, and provide the name, address, and phone number of the substitute provider.

k. Provide parents with information about their children's sleeping and eating patterns, or any other information pertinent about care and activities (e.g., health, development, behavior, special needs, fears, feeding, toilet training).

l. Immediately call 911 in the case of medical emergency or acute illness. FCC providers shall notify the FCC office and CDPA as soon as possible.

m. Report any and all suspicious of child abuse/neglect for children in care to FCC office, Family Advocacy, local Child Protective Services, and CDPA.

n. Notify the FCC office when adding or dropping children from care, using a substitute provider, going on a field trip, taking vacation, when children require medical attention, when provider is going inactive, and/or terminating child care services.

o. Notify resource and referral office when seeking additional customers and when no additional customers are desired.

p. Cooperate with FCC staff or other agencies conducting unannounced inspection visits during scheduled child care hours. Providers shall call the FCC office when they are out of the home with daycare children so that FCC monitors can arrange visits without interfering in planned outings.

4.0 CHILD ABUSE PREVENTION

4.1 The FAR will train FCC providers using the Department of Defense FCC Providers' Training Modules "Child Abuse Prevention" and "Child Abuse Identifying and Reporting". Providers will implement the procedures and policies contained in the modules.

4.1.1 FCC providers can protect themselves from allegations by:

- a. Monitoring their stress level at all times.
- b. Monitoring their actions with the children.
- c. Documenting all injuries a child may have upon arrival. Documenting all injuries that occur throughout the day.
- d. Reporting all injuries to FCC staff and parents.
- e. Posting a positive discipline/touch policy and assure parents know you do not use corporal punishment.
- f. Developing a good relationship with the parents of the children in care. Parents who know you as a professional will understand and trust your judgement.

4.1 The law specifically requires that all individuals working with children are mandated to report sexual abuse, neglect, willful cruelty, or unjustifiable punishment, abuse in out-of-home care.

4.1.1 The law also specifies that the reporting person must reasonably suspect or have knowledge that the abuse/neglect has occurred. The reporting person does not have to prove he or she have knowledge of who did it.

4.2 In Navy housing, the reporting procedure is as follows:

a. Family Child Care providers are required to report any suspicions of abuse/neglect of children in their care to all of the following agencies within 24 hours:

- (1) Family Advocacy tel: ###-####.
- (2) Family Child Care Program tel: ###-####.
- (3) Child Protective Services tel: ###-####.

(4) NCIS tel: ###-####.

4.2.1 Provider will report the following information (see attachment (5) including but not limited to: name of victim, date of birth, sex, race, current address and phone number, name of parents, address, and social security number, specific abuse of child.

4.2.3 The FAR will complete a full investigation in the FCC home or direct the FCC staff how to proceed.

4.2.3 All reports are anonymous, but the more facts that you have the better. Record what you see with dates and times if you can. Please be available for FAR or CPS to call you back for more information.

4.2.4 Failure to report is a misdemeanor, and the penalty for not reporting is a fine, imprisonment or both.

4.2.5 Remember that as a FCC provider who reports child abuse you are on a firm legal ground. As a mandated reporter you are protected in the following ways, (1) you will not be held liable for a report made in "good faith", (2) the name of the reporting party is held confidentially and can not be released except by a court order to designated people.

4.3 When a child shares information indicating possible abuse, it is important to:

- a. Stay calm and be supportive of the child.

- b. Let the child know you are glad that he or she told you.

- c. Notify your FCC Director immediately in a private manner if possible and follow the reporting procedures above.

4.3.1 When handling parents who have been reported for child abuse or neglect:

- a. Know the law. You are only doing your duty as a mandated reporter.

- b. If you don't want to face the parent:

- Ignore (say I do not know)

- Refer all inquiries to FAR, NCIS, or CPS

- Remember you have rights. You do not have to answer questions.

NOTE: Parents are not privileged to the name of the reporting party. They may only be guessing by your action.

4.4 Upon receipt of abuse/neglect allegations against a FCC provider or family member, FCC Director will ensure that FAR and CPS have been notified. The parent making the allegation has the right to report all information to the law enforcement channels. CDPA will notify MWR Director and Commanding Officer and the Naval Criminal Investigative Service.

4.4.1 The FCC Director will visit the FCC home with another staff member on the same day as the report is received after coordination

with designated points of contact in Security and FAR. Children will be removed from the home the same day. The home will be suspended.

4.5 In cases involving physical abuse CDPA will notify BUPERS-65 via letter (FAX) 901-874-6825 or phoncon at (901) 874-6699 within 7 days making a courtesy call within 24 hours. In cases involving alleged child sexual abuse, the Family Support Officer will inform BUPERS-66/BUPERS-65 by message within 24 hours using the format provided in enclosure (4) to reference (a) and via telefax at (901) 874-6825.

4.6 FCC Director shall ensure a complete follow through on all allegations. CDPA will provide periodic reports to BUPERS-659 until investigations are complete.

4.7 DOD Hotline - If a parent or FCC provider does not get satisfactory assistance from local FAR, safety officer, FCC staff, and/or chain of command they should call the Department of Defense Child Abuse Hotline 1-800-336-4592.

SECTION 5.0 CARE OF CHILDREN WITH SPECIAL NEEDS

5.1 Children With Special Needs. The goal of CDPs is to provide services to special needs children without limiting or seriously impacting the availability of child care. Any special needs child enrolled in full-day care or regular part-day care (CDC or FCC) must provide documentation of participation in the Exceptional Family Member Program (EFMP) as evidenced by BUPERS-662D letter of acceptance.

5.1.2 Children with special needs include, but not limited to, those which are:

Gifted

Physically handicapped

Audio-visually disabled

Mentally retarded

Chronically ill (having asthma or other conditions, including epilepsy, heart and kidney problems)

Required to have special diets

Emotionally and perceptually disabled

5.1.3 No child who meets the basic age and eligibility requirements may solely on the basis of the handicap, be excluded from when reasonable accommodation can be made to meet the special needs of the child.

5.2 A team of cognizant personnel shall make an assessment and report to the commanding officer on the program's ability to accommodate special needs child. The team should include, but is not limited to:

CDPA

FCC Director/Assistant Director

MWR Director

EFMP Officer

Medical personnel

Family Counselor

5.2.1 The report to the commanding officer should include:

a. A statement from the child's physician specifying the child's requirements in terms of diet, medication, appliances, communication aides, and self-care assistance and a coordinated treatment strategy developed by a personnel familiar with the child's treatment. (A copy of this statement should be kept on file in the child's records.)

b. The impact of special accommodations which the FCC provider must make to accept the child.

c. Specific training required to ensure the child's safety and well being. (This training must be accomplished prior to placement as a pre-condition to providing care for special needs children.)

5.3 The results of the assessment should be reported to the commanding officer who will determine if the accommodations are reasonable.

5.3.1 The cost of providing such services may not be charged solely to the parents of the special needs child.

5.3.2 Such additional costs will be incorporated in the CDP's overall expenses and fee structure. Parents must acknowledge in writing their understanding that the program is not responsible for providing the child with services beyond those typically offered enrolled children.

5.4 The commanding officers decision to accept the child for care must be made in consideration that all the accommodating factors can be met without detrimental effect on programs for other children enrolled.

5.4.1 If it is determined that accommodation of the special needs child would impose an undue hardship on the operation of the CDP, approval to not provide services must be requested through BUPERS (Pers-65), from ASN (M&RA) or designee.

5.4.2 A permanent record of the commanding officer's decision and BUPERS action will be maintained on file and will be subject to inspection review.

5.5 Navy CDP staff or FCC providers shall not provide individual or group therapy or perform medical procedures regardless of the individual qualifications.

5.5.1 Such services may be provided by other qualified agencies in the FCC home when approved by the Exceptional Family Member Case management team.

SECTION 6.0 HEALTH AND SANITATION

6.1 Health Admission Criteria.

a. Except in an emergency, children shall not be accepted for care unless a completed CDS Registration Card with up-to-date immunizations and a medical power of attorney are maintained with the provider.

(1) Exceptions to this policy for medical or religious reasons may be allowed when a statement signed by a physician, is presented.

b. The CDS Registration Card shall be updated annually.

c. Each child must be free of communicable diseases before admission into a FCC home. Infants under six weeks of age must have a Well Baby checkup prior to starting care.

d. Each provider will informally screen each child for symptoms of illness before the child is admitted and before parents leave, regardless of how long the child will be in the FCC home. Children showing symptoms of a communicable illness will not be accepted to the FCC home unless that child is the only child cared for by the provider.

e. Upon discovery of communicable disease among the FCC provider's own children, parents will be notified immediately. The FCC provider will notify the FCC program. FCC program will notify Preventive Medicine who will conduct an inspection and/or advise the FCC program when services may be continued. This means the FCC provider may not conduct day care in his/her home, under the above circumstances, until the home has been cleared by Preventive Medicine.

6.2 Medical Power of Attorney.

a. Medical power of attorney shall be prepared by the parents for use in emergency cases where medical treatment is required and the parents or designated individual for emergencies cannot be contacted.

b. A medical power of attorney shall be maintained with the provider for all children enrolled.

6.3 Medication Requirements.

a. Other than topical (e.g., diaper rash ointment), only

prescribed medication showing dosage, time(s) of day, and duration of administration shall be administered. Medications shall be provided by parents daily with written directions for use. Over the counter oral medications shall not be administered. Parents shall apply the first dose of topical substance to ensure the child does not have an allergic reaction.

b. Providers shall keep a written record of date, time and amount of medication administered. This shall be signed daily by the parent prior to administering the prescribed medication.

c. All medication must be out of the reach of children and out of the sight of children at all times. EXCEPTION: Medication requiring refrigeration shall be placed in the back of the refrigerator.

d. Parents shall provide sunscreen and shall apply the first dose to ensure the child does not have an allergic reaction. Providers shall apply sunscreen provided by the parent when outside for an extended period of time. Providers shall enter sun screen on the medication administration log with parents signature followed by their initial.

6.4 Food Service Requirements.

a. Providers shall be aware of and follow basic sanitary food service, preparation and handling practices. Training in food service shall be ongoing.

b. Infant food and formula, brought from the child's home shall be labeled with the child's name, dated, and properly stored or refrigerated. Microwave ovens shall not be used for warming infant bottles or containers of infant/toddler food.

c. Infants will be fed or supervised individually and their diet and pattern of feeding should be appropriate to their special developmental needs. Bottles will not be propped for self-feeding.

d. Provider shall prepare and serve meals and snacks in accordance with the USDA Child and Adult Care Food Program. A weekly menu shall be posted.

e. Mid-morning, mid-afternoon, and bedtime snacks will be available when appropriate, so that children will have the opportunity for nourishment at least every three hours. Snacks will be wholesome.

f. Providers shall serve family style meals. FCC staff shall include the BUPERS-659 program aide and video "Family Style Meals" in certification training.

6.5 Animal Requirements.

a. Animals are permitted in the home providing:

(1) Animals shall not be allowed in food preparation areas when food is being prepared.

(2) Their presence is in accordance with housing regulations.

(3) They are clean, free of disease which could endanger the children's health, and have no background of hostility toward children. Animals are not to be left alone with children.

(4) Dogs or cats must be examined by a veterinarian and properly immunized for any disease that can be transmitted to humans.

(5) Sanitation is maintained, litter boxes are not accessible to children.

(6) Ferrets, turtles, psittacine birds, reptiles or wild or dangerous animals are not permitted.

(7) Parents of child(ren) shall be given written notification that animal(s) is/are present.

6.6 Sanitation Requirements. The home shall be maintained in a sanitary manner and personal hygiene standards.

a. FCC provider shall conduct daily health review of the home, yard, and equipment and take necessary action to ensure the health of children is not compromised.

b. Use of disposable diapers is strongly encouraged. Diapering areas shall be separate from food service areas. Providers shall follow procedures established by the Centers for Disease Control. These procedures are provided in the BUPERS-659 program aide "Healthy Kids Keep Everybody Healthy" and shall be posted near diapering areas.

(1) Disposable soiled diapers shall be kept in separate tightly covered diaper receptacles with plastic liners. Soiled diapers will not be stored in play, sleep, or food service areas.

Soiled diapers will not be placed in the kitchen or bathroom trash.

(2) Soiled cloth diapers shall be placed in a securely fastened plastic bag and left unrinsed. The responsibility for the laundering of the cloth diaper rests with the parent.

(3) If portable toilet training chairs are used, they shall be cleaned and disinfected after each use.

c. Diaper changing pad shall be used and cleaned with bleach or sanitizing solution after each use. FCC providers shall wash hands following each diapering.

d. Handwashing procedures established by the Centers for Disease Control are provided in the BUPERS-659 program aide "Healthy Kids Keep Everybody Healthy". These procedures shall be followed at all times and shall be posted at sinks.

e. Hand washing facilities with liquid soap and water shall be readily available. Paper towels will be available for each child. Handwashing sinks shall have hot and cold running water. Water temperature shall not exceed 110 degrees F at the tap.

f. Toys, table toys and other similar equipment used by children over 3 years must be washed and disinfected at least weekly or when soiled. Toys used by children under 36 months shall be cleaned and disinfected daily.

g. The best possible effort will be put forth for the control of rodents and insects. Insect and pest control operations will be approved by Preventive Medicine.

SECTION 7.0 FIRE PREVENTION AND SAFETY

7.1 Fire Prevention/Procedures.

a. The FCC provider's home must have a minimum 2 1/2 lbs 2-A:10-B:C fire extinguisher in working order.

b. Smoke detectors approved by the fire department shall be installed and in working condition. At least one hardwired smoke detector as well as one battery powered smoke detector shall be used.

c. Smoking while in contact with children is prohibited. Secondary/environmental tobacco smoke has been identified as a carcinogen. Parents shall be advised, in writing, if the provider or family member smokes. All smoking materials (i.e., ashtrays, lighters) must be out of the reach of children.

d. Providers shall practice monthly evacuation drills with all children. A record of such drills shall be posted and available to the FCC monitor and/or fire inspector.

(1) Emergency evacuation plans shall be posted and known to all participants in the FCC home.

e. Exits shall be free from obstructions and in working order. Each home shall have at least two exits.

f. If an applicant's home is above the first floor, he/she shall have prior approval from the fire department to operate a FCC home.

7.2 Safety.

a. Safeguards will be taken against potential hazards and shall be kept secured away from children. All rooms in quarters shall be child-proofed. Rooms not used for child care shall be inaccessible.

b. Indoors

(1) Medicines, household cleaning agents, poisons, firearms, ammunition and alcohol shall be locked out of the reach of children.

(2) Poisonous plants will be removed from areas accessible to children.

(3) All electrical outlets will be covered by child safety caps when not in use. Small electrical appliances will be kept out of reach of children. Extension cords must be approved by the base fire department.

(4) Children shall not be permitted in the cooking area unsupervised.

(5) Safety gates shall be provided on stairs when children under the age of 3 are present.

(6) When clear glass panels are used in sliding doors, tub enclosures, storm doors, etc. they shall be clearly marked at child's eye level to avoid accidental impact.

(7) When portable electric fans are used, they will be covered by a protective safety net to prevent child(ren) from reaching into the blades. At no time will child(ren) be left alone in a room where a portable electric fan is in use.

(8) The FCC provider shall maintain a labeled first aid kit in an accessible location. The kit shall contain bandaids, gauze pads, surgical tape, rolled gauze and tweezers at a minimum.

(9) Rooms accessible to children will be free from chipped or peeling paint.

(10) Emergency telephone numbers shall be posted at all times.

(11) Providers shall have an operable flashlight readily available in cases of power failure.

(12) Infant walkers, toyboxes/chests, playpens, and other similar hinged equipment and equipment identified as unsafe by the Consumer Product Safety Commission is prohibited. Bean bag furniture is prohibited.

(13) All rooms used for the care of children will be well lit, adequately ventilated, and comfortably heated/cooled. Space heaters are prohibited.

(14) Play equipment will be selected carefully with regard to size, safety, and sanitary features. Trampolines and wading pools are prohibited.

c. Outdoor areas

(1) An outdoor play area will be available to children. Outdoor play areas will be free of tools, insecticides, charcoal, lighter fluid, cigarette butts and any other hazardous objects or materials.

(2) Play area surfaces under swings and equipment will be of a type that will minimize injuries from falls.

(3) Garbage and refuse containers will be tightly covered, vermin-proof, and located away from the outdoor play area and out of reach of children.

(4) Culverts, drainage ditches, sewer accessories and all similar hazards will be inaccessible to children.

(5) Play areas shall be free of toxic materials, poisonous plants and shrubs such as the plumeria flower. The yard shall be kept free of the flower at all times as well as other potentially harmful natural materials.

d. Toys and other play equipment with sharp or ragged points or edges and those coated with toxic or flammable material are prohibited. Paints and other materials for child handicrafts will be non-flammable and non-toxic. Swings must be anchored.

7.4 Supervision of Children. The physical welfare and safety of the children shall be the FCC provider's first consideration.

a. Providers shall never leave children unattended. Children must be supervised at all times. Children will be under direct supervision at all times while playing outdoors. Children shall never be left alone in a tub or on a changing table.

b. Teach the children about safety, care of property, good health habits and consideration of others.

c. Providers may not use prescription drugs which would interfere with the proper performance of duty while children are in care. Providers who are on medication that could cause drowsiness, etc., may not care for FCC children. Providers must inform FCC staff of all personal medical situations and must submit a doctor release to

the FCC officer prior to resuming child care services.

SECTION 8.0 DEVELOPMENTAL PROGRAM ACTIVITIES

8.1 FCC Program Activities. The programs offered in FCC homes will reflect an understanding of the growth and development of children. The provider shall offer experiences that enhance children's physical, social, emotional and intellectual development regardless of the type of home or length of the time the child is in care each day. Developmentally appropriate practice is characterized by the following: Child's family orientation, supportive management, policies and procedures, appropriate resource allocation and use (i.e., space, time, equipment and materials) and recognition of the unique age group requirements.

8.1.1 Child/Family Orientation:

a. The FCC program meets the parental needs for a safe, affordable and accessible child care.

b. The provider shall manage a well run, responsive program serving the individual needs of each child in care.

c. The provider shall develop a relationship with parents that respects cultural differences and become a partner with the parents in caring for their children.

8.1.2 Supportive Management:

a. The FCC staff, providers and parents will have a partnership in the care of children, shown through their verbal and written communications, training, workshops, and opportunities to share in the children's programming and activities such as field trips. Policies and procedures will show awareness of the children's needs by:

1) Maintaining approved group ratio.

2) FCC staff and provider will be sensitive to the parent and children's needs.

3) Use of qualified FCC providers through selective recruitment, comprehensive training programs and role modeling by FCC staff. FCC provider's acceptance and respect of individual differences in children (physical, developmental, and cultural/ethnic heritages.)

4) FCC staff will enforce the positive guidance approach such as stress and conflict prevention and channeling of energy through a planned FCC home environment. FCC providers understand that the Fami-

ly is the primary unit in a child's development and that children are largely dependent on their families for identity, security, care and a general sense of well being. FCC providers must work cooperatively and in partnership with parents for the benefit of each child.

5) FCC providers will show consistent and prompt attention to the health and physical needs of children (i.e., personal routines, hygiene, and nutrition).

8.1.3 Space:

a. Indoor activity space will be arranged to allow the children to independently choose activities, to locate and replace toys and equipment with minimal adult aid.

b. Play areas and furniture will be arranged to allow for developmentally appropriate learning experiences for young children. These areas include open floor spaces for crawling, exploration, and active play; and protected areas for rest, study and quiet activities.

c. Breakable objects (e.g., curios, pictures) in areas accessible to children will be kept to a minimum to avoid accidents and potential discipline problems. Breakable objects must be kept out of reach of children under three years of age.

d. There will be adequate indoor space for the number of children receiving care. If, in the opinion of the FCC Director or any inspecting office, the quarters are too small for the maximum number of children allowed, the number of children allowed in the home will be reduced.

e. All children will be offered the opportunity for outdoor play at least once a day, weather permitting. All outdoor play space will be free of safety hazards. When such spaces are not available on the premises, near by parks and playgrounds may be used as long as the children are under constant supervision of the FCC providers. A safety check shall be conducted of the playgrounds by the provider prior to letting the children play, to ensure the safety of all children.

8.1.4 Developmental Activity Schedule:

a. During the FCC certification training, each FCC provider will plan a sample daily activity plan. The plan will provide

consistency to encourage feeling of stability and security. While planning daily program activities, FCC providers will consider:

- age and developmental level of each child in care
- needs of each individual child
- experiences offered to the child/ren in their own homes
- goals that the child/ren families have for them

b. The daily activity plan will be posted for the parents and FCC staff to review and will include:

(1) Routine care (i.e., meals diapering, toileting, nap time, etc.). Routine care will include toothbrushing for children over 18

months of age. Each child will have a labeled toothbrush which will be stored in a sanitary manner.

(2) Provisions for children to learn by participating in everyday household experiences (feeding pets, setting the table, watering plants, gardening, etc.)

(3) Group experiences/opportunities for two or more children to interact personally and share materials (i.e. meal and snack times, stories, musical activities, dramatic play).

(4) Individual and personal interactions with the provider including rocking, conversations, cuddling, space to be alone, use of special possessions such as a security blanket when needed.

c. Weekly activity plans will show specific activities the children will be offered. Various ideas on children's activities are supplied through the monthly newsletter, home visits and the FCC Lending Library.

d. The daily activity plan will provide a balanced developmental program that addresses the physical, intellectual, social and emotional growth areas of the child. The majority of daily experiences should be child initiated opportunities to learn through play, including:

(1) Activities to promote physical development

(a) Daily opportunities for running, climbing, and other vigorous physical activities.

(b) Varied physical activities and opportunities for

children to learn about health, development and care of their bodies, including exercising, nutrition, and hygiene.

(c) Opportunities to use small muscles and refine the skills that require the careful manipulation of objects by the fingers.

(2) Activities to promote intellectual development

(a) The availability of a variety of learning materials.

(b) First hand experiences for children to learn about themselves and the world.

(c) Exploration and manipulation of objects and events under safe and reasonable circumstances.

(3) Activities to promote emotional development

(a) Opportunities for individual self-expression.

(b) Recognition of each child as an individual.

(c) Constructive guidance and the setting of clear limits which foster the child's ability to be self-disciplined.

(4) Activities to promote social development

(a) Guidance in learning to get along with others.

(b) Interactions with children in ways which promote mutual respect between adults and children.

(c) Respect for the child's cultural, ethnic and family background, as well as the child's primary language or dialect.

8.1.5 FCC Resource Lending Library. Certified providers may participate in the Resource Library by completing necessary paperwork. The FCC provider agrees to obey all rules and regulations which include:

a. The borrower assumes responsibility of the care and return of all materials.

b. All checked out materials must be returned prior to moving out of housing or terminating care. Materials not returned within

thirty days of termination notice will result in assessment of replacement fees and collection action will be taken.

8.1.6 Equipment and Materials:

a. In an informal setting, a variety of games, toys, books, and materials shall be available for the various developmental needs of the children. Providers should use items found naturally in the home whenever possible to facilitate child learning and promote growth and development while minimizing costs.

(1) Washable toys shall be provided for infants, pretoddlers and toddlers.

(2) Indoor and outdoor equipment provided will be safe, durable and in working order. Wading pools and trampolines are not allowed. Materials include those with open-ended use (i.e., playdough, paper, paint) and those that have a prescribed use or are self-correcting such as puzzles.

(3) Sufficient material and equipment will be available in the FCC home to avoid excessive competition among children and long waits for use.

b. Television viewing should be used only in a way that enhances the development of young children and shall not normally exceed 30 minutes per day. Television will be offered as a choice and children will not be forced to watch. The television room will be well lit and children will sit 4-6 feet from the television set for viewing. Use of the television as background noise is not allowed. Use of computers will be limited to developmentally appropriate programs and time spent at the terminal should not normally exceed 30 minutes a day.

c. The following types of equipment will be available to the children:

(1) Child sized table and chairs or adult-sized furniture adapted to child use. Bean bag chairs are Prohibited.

(2) Equipment that encourages self-help skills such as stepping stools at sink, coat storage and low open storage shelves.

(3) Individual sleep areas and rest mats, four inches from the floor.

(4) Manipulatives such as puzzles, shape sorters, small building sets and age appropriate games.

(5) Creative materials such as playdough, crayons, paints, and dramatic play items.

(6) Books, records, and/or cassette player, flannel boards.

(7) Sensory materials and blocks for each age group.

(8) Large muscle developing equipment for each age group (e.g., climbers, wheel toys, balls).

d. Toys, games, and materials shall be provided that are appropriate for child(ren)'s age and level of development and stored on low, open shelves. The use of toy boxes/chests is prohibited.

8.1.7 Age Group Requirements. Programs and activities will reflect the developmental needs unique to the age of each child enrolled for care.

a. Infants. Information will be obtained from parents to allow FCC providers to individualize routines and program activities for each child. Infants will:

(1) Be allowed to form and follow their own normal sleep and feeding schedule.

(2) Be removed from cribs or port-a-cribs when awake except for short periods of play not to exceed 20 minutes at one time.

(3) Be held, rocked and allowed play opportunities daily on the floor.

(4) Be talked to and sung to frequently on an individual basis to encourage speech and language development.

(5) Be provided activities that develop large and small muscles (e.g., sitting up, rolling over, feeding self, and standing).

(6) Be taken outdoors daily, at least once a day, weather permitting.

(7) Be held for feeding. Bottles will not be propped.

(8) Not be left alone in high chairs for prolonged periods

of time. High chairs can be used for feeding and some creative activities.

(9) Be provided sleeping arrangements which allow for monitoring of the child by the provider. Play pens are Prohibited.

(10) Not be confined in restraining equipment. Infant walkers, exersaucers, treadmills, infant swings, infant jump-ups, and similar restraining devices are Prohibited.

(11) Biting among infants and toddlers is usually the result of frustration and a reflection of the environment. When a biting problem occurs ensure that there is minimal waiting time for the routine care (e.g., meal time, diaper changing) and there is ample age-appropriate activities and duplicates of toys provided.

b. Toddlers.

(1) Cribs and high chairs will not be used for children over 12 months except under exceptional circumstances (approved by the FCC Director) where physical safety of the child is involved.

(2) Toilet training will occur in a time frame consistent with the child's developmental readiness and parental wishes. A routine will be worked out to provide support between parents and procedures and providers home.

(3) Well defined limits and behavioral guidelines will be established in the home.

(4) Opportunities will be provided for:

a. Walking, climbing, crawling.

b. Manipulative experiences to develop large and small muscle and perceptual/muscle coordination.

c. Increasing attention span through group and individual activities.

d. Developing speech and language skills.

e. Independent functioning and attainment of self-help skills such as feeding, dressing and toileting.

f. Repetitive play to practice recently acquired

developmental skills.

(5) Opportunities will be provided in order for FCC provider to engage in one on one, face to face conversation with toddlers. Toddlers will be allowed and encouraged to initiate language with the adult. Provider will label, name objects, and describe events to toddlers.

(6) FCC providers shall recognize that constantly testing limits and expressing opposition to adults ("No"!) is a part of developing a healthy sense of self as a separate, autonomous individual. FCC providers should only say "No" when positively worded directions area not be enough to stop a child from hurting him or herself.

c. Preschool-age Children.

(1) Activities and scheduling will be planned to promote cooperative play, positive peer relationships, understanding of others needs, and ability to handle and express their feelings in an acceptable manner.

(2) Equipment, activities and space will be provided to stimulate interest readiness concepts such as size, shape, color, letters, and numbers. Formal instruction in reading and writing is not appropriate for most children under five years of age.

(3) Opportunities will be provided for noting relationships, problem solving and language development.

(4) Opportunities will be provided for the development of self control in children using positive guidance techniques such as modeling and encouraging expected behavior, redirecting children to a more acceptable activity, and setting clear limits.

(5) Opportunities will be provided for creative expression and appreciation through art and music.

(6) Outdoor activities must be offered daily so children can develop large muscle skills, learn about outdoor environment and express themselves freely and loudly. Creative, dramatic play and sensory activities should also be provided outdoors.

(7) Interactions and activities are designed to develop children's self-esteem and competency.

d. School-age Children

(1) A range of activity choices will be offered that allow a change of pace between elementary school and the FCC home.

(2) Protected spaces for studying and homework will be provided.

(3) Children will be encouraged and supported in their efforts to participate in after school and community activities.

(4) A transportation agreement will be established between the parent and the provider concerning school and activities related transportation responsibilities.

8.1.8 Nap and Rest Period

a. Rest periods will be provided appropriate to age and needs, at least one hour scheduled for children under five who attend during nap times. No longer than 2 hours unless parents request other wise.

b. Children who cannot sleep will participate in activities that do not disturb others who are sleeping. Children who have rested will not be required to remain in the napping area or remain on their cot.

c. Each child shall have his or her own clean cot to sleep or rest on that is at least 4 inches above the floor.

d. Linens shall be changed promptly when soiled or when beds, cots or cribs are occupied by different children. If used continuously by one child, they will be laundered weekly.

e. Crib slats shall not be more than 2 3/8 inches apart. Care will be taken to see that crib hardware does not present a hazard to the infants. Crib mattresses shall be flat with appropriate linens and waterproof covers which can be easily sanitized.

f. Playpens shall not be used. (Porta-cribs are acceptable.)

g. Pillows shall not be used for children under three years.

h. Sleeping infants shall be placed on their back unless the pediatrician recommends otherwise. Children will sleep where the

provider can supervise and evacuate most expeditiously.

i. Naps and rest periods will be supervised and should be located in an area where the provider has visualization of children.

j. Total room darkening at any time is not necessary in any area. Rooms will not be darkened during rest/sleeping periods to the extent that adult visual supervision is limited.

8.1.9 Night Care. When a FCC home is in operation between 1800 and 0600 hours:

a. Children in a FCC home for the evening hours but not to spend the whole night will be allowed to sleep if needed.

b. A bed, cot, or crib will be provided for each child in night care.

c. Each child present when the evening meal occurs will be served unless the child has eaten before coming to the FCC home or will leave before 1900 hours. A night time snack will be available to all children at a regularly scheduled time. No more than 3 hours or less than 2 hours will lapse between meals. Breakfast will be served to all children who remain in the FCC home for more than 60 minutes after waking for the day unless the parent specifies otherwise.

d. Children who remain overnight will have a shower, tub, or sponge bath as needed for bodily cleanliness. When a bath or sponge bath is needed, fresh water must be drawn for every use. The FCC provider must be in the bathroom while children under five years of age are bathing.

e. Each child will have individual sleeping garments, wash cloths, towels, toothbrush and change of clothing.

f. An evening and morning schedule of program activities will be planned for the hours that children are awake. A space must be provided for awake children to engage in activities that does not disturb the sleeping children.

g. FCC providers will perform monthly evening fire drills and will be trained in the emergency evacuation of sleeping children.

8.1.10 Transportation.

a. Provider must purchase vehicle liability and medical insurance when transporting children in their private vehicle. Copy

of current car insurance must be maintained in provider's file.

b. Written permission regarding transportation of the children by the FCC provider must be included in the Parent/Provider Contract and obtained for each individual field trip.

c. When transporting children the same adult child ratio will apply as required in the FCC home.

d. The driver must obey state and local laws and installation regulations pertaining to automobiles. Regulations require that children under 5 years old or weighing less than 40 pounds shall ride in a child restraint system which meets Federal safety standards.

e. Each private vehicle must be equipped with safety locking devices on the doors, a spare tire ready for service, usable jack, seat belts or child restraints will be used whenever the vehicle is in motion. Unsecured children's seats are prohibited.

f. No child will be left unattended in a private vehicle at any time.

g. Each child will board and leave the vehicle from the curb side of the street.

h. Never transport children in the cargo area of a station wagon or van.

i. Never keep sharp or heavy objects in the trunk. They can become heavy projectiles in a sudden stop or accident.

j. Do not let children put their head or arms out of the vehicle windows.

k. If the children become unruly or remove their safety restraints, stop and pull off the road to calm them down. Do not try to drive and discipline at the same time.

l. Before each trip it is recommended that the provider conduct a five minute safety check to ensure the vehicle is working well and contains nothing that could harm the children.

m. The FCC provider must remain alert to changes in the vehicle while driving. Unusual odors, sounds, and vibrations, could be warning signals of breakdown.

n. The FCC provider assumes responsibility for the safety of the children and other passengers when transporting them.

o. Fees and charges of the field trips will be made available to parents prior to the scheduled date of the field trip.

p. A child who is ill will not be allowed to accompany the other children on the field trip. Arrangements can be made to have a back-up provider stay with the child, place the child in another certified home, or the field trip can be postponed.

q. Attendance will be taken and all rules established prior to departure of the FCC home. Attendance will be taken before leaving the field trip site.

r. The following equipment and information should be available in the vehicle during field trips:

(1) Map.

(2) Children's information/emergency form in order to reach parents in case of emergency.

(3) First Aid supplies.

(4) Toys or books to keep children occupied in case of a breakdown.

(5) Travel rope for children's use to hold onto for easy evacuation from the vehicle or for walks from the vehicle to a safe place.

(6) Vehicle size fire extinguisher.

(7) Drinking water.

s. The following safety rules must be discussed with children and enforced:

(1) No children may run ahead of the provider.

(2) No child may cross the street, pathway, or roadway unless accompanied by the provider.

(3) Adults must pay close attention to the children they are supervising. They must not take advantage of the opportunity to converse with each other.

(4) If a particular child cannot respond to safety rules, that child should either not be taken on the trip, or the parent will be asked to accompany the child.

t. In case of an accident, everyone must evacuate the vehicle using the nearest door. Find shelter away from the vehicle and traffic where you can safely gather everyone. Explain to the children in simple terms that they can understand and reassure them of their safety. Have another adult or passerby call 911 and inform FCC Office of the emergency. FCC Director will call parents. Emergency situations need to be handled calmly and with constant attention to the child's fears, safety and concerns.

8.2 Child Guidance Techniques.

a. Child guidance shall be achieved through consistent, positive methods based on an understanding of the individual needs and behaviors of children at the varying developmental levels. Simple, understandable rules will be established so the expectations and limitations are clearly defined.

b. Guidance and self-control will be achieved through such methods as redirection, separation of the child from a situation, or praise of appropriate behavior. Time out is a positive form of child management when a child has had a previous warning expressing cause and effect. The child shall remain in constant supervision of the FCC provider. Time out shall be conducted appropriately suitable for the child's age. (one minute per year of age of child). Time out shall be used sparingly. Sometimes a child just needs a space to be away from the group setting and calm down with a quiet activity.

c. All FCC providers will post the FCC written Guidance and Touch Policy on the parent information board as a child abuse prevention measure.

d. Providers should be active participants in all activities with the children, including meal times. Plan on joining in on activities and stimulating the children's interests by asking open ended questions that help to extend their play.

e. Be consistently aware of what the children are doing and be ready to step in when needed. Attempt to foresee trouble. Redirect

an uncooperative child to another activity.

f. It is important to show respect to the child. Always go to the child and speak directly to him or her. Use a quiet, warm, and yet firm voice when talking to the children. Smile freely and often. Get down to the child's eye level when talking with him or her.

g. Allow children of comparable size and ability to work out their own solutions. Encourage the shy child to stand up for himself. Encourage the aggressive child to verbalize.

h. Warn children ahead of transition times or change in routine.

i. Allow the child/ren to make as many decisions as possible within the necessary limits. Give a choice of two things when possible.

j. Providers shall not use spanking, slapping, shaking, hitting, or threats of such punishment, nor other forms of punishment intended to be humiliating or damaging to the child's health or self-esteem.

k. Loud, profane, or abusive language shall not be used.

l. Corporal punishment is prohibited.

m. Punishment associated with food, naps, or toilet use and punishment by peers is prohibited.

n. Providers shall use the following appropriate child management strategies.

(1) positive reinforcement

(2) setting clear and appropriate behavior limits

(3) redirecting children toward desired behaviors

o. Appropriate touch includes lap sitting, hugging and reassuring pats on the back, shoulder, or arm.

p. Inappropriate touch is not allowed including fondling, forced goodbye kisses, grabbing, and slapping.

q. Parents will not be allowed to administer physical punish-

ment to their children while in a FCC home.

SECTION 9.0 PARENT ADVISORY BOARD

9.1 The Navy recognizes that parents have primary responsibility for the health, safety, and well-being of their children. A Parent Advisory Board has been established to facilitate a parent partnership for the welfare of the child(ren). The Parent Advisory Board is composed of parents of children enrolled in FCC homes and child development centers.

- a. The PAB meets quarterly.
- b. The minutes are approved by the commanding officer.
- c. A parent is chairperson.
- d. The majority of the members of the PAB are parents.
- e. The CDPA, FCC Director, FAR, CO or designee, and other installation representatives, (e.g., Housing, Public Works, Health and Safety, Dietitian, Medical Advisor) are included on the PAB.
- f. A parent member of the PAB participates in the commanding officer's multi-disciplinary inspection team.

9.2 The PAB shall act only in an advisory capacity and shall not engage in the management and operation of the CDP/FCC program.

- a. A function of the PAB is to provide recommendations for improving services.
- b. The minutes of the PAB meetings and recommendations shall be forwarded through the CDPA/FCC Director to the commanding officer for review and disposition.
- c. The PAB shall meet periodically with the program administrative staff and the CO designee for the purpose of discussing problems and concerns and ensuring frequent communication.
- d. PAB meetings are open to all parents.
- e. A group composed of parents of children attending the PAB are not advisory committees and need not comply with Federal Advisory Committee Act under section 805 of the Military Family Act of 1985.

9.2 Parent Participation Plan.

a. The PAB, with the advice of the FCC Director, shall be responsible for coordination of the parent participation plan.

b. The plan shall include:

(1) Parent participation policy statement.

(2) Goals and objectives.

(3) Parent education including ages and stages of children's development parenting skills.

(4) Parent communication (Parent handbook, newsletter, daily interaction, conferences).

c. The plan for parent participation shall encourage parents to volunteer in FCC program activities. These include but are not limited to:

(1) Field trips

(2) Special events (e.g., McGruff, Fire Prevention Week, Dental Health Week, Holiday Events).

(3) Month of the Military Child Celebrations

(4) Special curriculum programs (e.g., Systematic Training for Effective Parenting)

(5) Training workshops to include child abuse prevention education for parents.

(6) Provider Appreciation Events

GLOSSARY

Abuse. Direct physical injury, trauma, or emotional harm intentionally inflicted on a child or spouse.

Abuse/Neglect. Specific types of abuse/neglect are:

a. Physical abuse of child or spouse.

(1) Major physical injury such as brain damage, skull or bone fracture subdural hematoma, sprain, internal injury, poisoning, scalding, severe cut, laceration, bruise, or any combination which constitutes a substantial risk to the life and/or well-being of the individual.

(2) Minor physical injury such as twisting, shaking, minor cut, bruise, welt, or any combination which does not constitute a substantial risk to the life or physical well-being of the individual.

b. Sexual abuse of child. The involvement of a child in any sexual act or situation, the purpose of which is to provide sexual gratification or financial benefit to the perpetrator. All sexual activity between a provider and child is considered sexual abuse.

c. Neglect (or deprivation of necessities). Neglecting to provide nourishment, clothing, shelter, health care, education, and supervision, when able to do so.

d. Emotional abuse/neglect of child. Defined as any act of commission (such as intentional beating, disparaging or other abusive behavior) or omission (such as passive/aggressive inattention to a child's emotional needs) on the part of the provider which causes low self-esteem in the child, undue fear or anxiety, or other damage to the child's emotional well-being.

e. Child abuse/neglect. Situation in which any combination of categories (a) through (d) are present.

f. Fatality. The victim died as a result of the abuse/neglect.

Approved Substitute Provider. Military member or family member 18 years of age or older, certified in CPR and First Aid, has current medical clearance and completed training in Orientation and Child Abuse/Neglect along with all local background checks processed. He/she must be approved to provide substitute care in a certified FCC

provider's home. Certified FCC providers may also serve as approved substitute providers.

Babysitting Care. Care not routinely monitored by the FCC Program. This includes care provided by a drop-in or live-in babysitter or nanny in the child's own home, providing only residents of the home receive care. It also includes child care provided in a babysitter's home for less than 10 child care hours per week.

Child Care Hour. One child for one hour.

Child Care Resource and Referral (CCRR). Provides free counseling services concerning child care alternatives, including referrals to Family Child Care providers and Child Development Centers.

Corporal Punishment. Punishment inflicted directly on the body including spanking, slapping, shaking, hitting, etc.

Dependent Child. Includes adopted children or recognized natural children, stepchildren and foster children who live with the military service member or civilian employee in a regular parent-child relationship. Dependent children requiring child care services program support are defined as those who range in age from 6 weeks to 12 years of age.

Developmental Program. A planned program of developmentally appropriate activities which promote the social, emotional, physical and intellectual development of children in each age group of a Family Child Care setting.

Family Child Care (FCC). Care provided for up to six children (including own children under the age of eight) by a FCC certified military family member in quarters either owned or leased by the government.

Family Child Care Director. A professional trained in early childhood education responsible for administering and managing the FCC program. The Director directly supervises the FCC staff.

Family Child Care Monitor. A professional trained in early childhood education responsible for training, monitoring, and providing support services to FCC providers.

Family Child Care Provider. Individual who provides child care in Navy quarters with the approval and certification of the Commanding Officer and the Navy Family Child Care Program. The individual has

the responsibility for planning and carrying out a program that meets the children's needs at the various stages of development.

Family Violence. Refers to abuse within the family unit.

Guardianship. A person legally placed in charge of the affairs of a minor, either temporarily or on a long term basis.

Parent. The biological father or mother or a child; a person who, by order of a court of competent jurisdiction, has been declared of a child; or a person in whose household a child resides, provided that

such person stands in loco parentis to the child and contributes at least one-half to the child's support.

Parent Advisory Board. A group composed of parents of children enrolled in the FCC program. This is a forum for discussing program issues that can assist the FCC program and parents.

Reportable Diagnoses/Diseases. See enclosure (4).

Respite Care. Respite care is child care given for the purpose of relieving parental stress and/or providing a nurturing and developmentally appropriate environment for young children in high risk families and/or those young children presently in family violence situations.

Sponsor. Individual whose status determines the eligibility of the child for care. This may or may not be the natural father or mother. Defined as being the individual who has legal and primary physical custody of the dependent child.

USDA Child Care Food Program. Program created to assure that children receiving child care are served a variety of nutritious meals and snacks.

Unattended Child. A child who is not supervised by a FCC provider or an approved substitute provider.

Unauthorized Child Care. Child care in excess of 10 child care hours per week in the home of an uncertified individual.